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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/153,133
Filing Date	09/15/1998
First Named Inventor	D. Duke Lee et al.
Art Unit	1615
Examiner Name	S. Sharareh
Attorney Docket Number	112430.129US2

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

a. Previously submitted

- Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- Other _____

b. Enclosed

i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 08-0219

i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	06/10/2002 SDENBOB1 00000088 080219 09153133
ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	01 FC:275 370.00 CH
iii. <input type="checkbox"/> Other _____	

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Mary Rose Scozzafava, Ph.D.	Registration No. (Attorney/Agent)	36,268
Signature	<i>Mary Rose Scozzafava</i>	Date	05/21/2002

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Rebecca S. Tinio	Date	05/21/2002
Signature	<i>Rebecca S. Tinio</i>	Date	05/21/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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